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Iatrogenic depression: the case of Frederic Chopin

Psychological disorders caused by the doctor's rash words are as common as the side effects of drug. Iatrogenic depression caused by ethical and psychological mistakes of doctors will never go away. Their frequency can be reduced only by improving the physicians' skills in the fields of medical ethics and psychology. A clinical case analysis based on a famous person's history of the disease is an effective pedagogical tool. The study aims to present the case of the famous Polish composer Frederic Chopin. The comparative analysis of doctors' objective actions and patients' subjective evaluations of their actions were made based on a study of Chopin's and Sand's letters as well as the works of composer's biographers. This approach provides a valuable opportunity to see doctors through the patient's eyes. In the fall of 1838, during his rest in Majorca, the local doctors diagnosed pulmonary tuberculosis in Chopin. The Majorcan doctors made a serious ethical mistake. They ignored the patient's anamnesis vitae indicating his phthisiophobia and informed Chopin about the diagnosis of pulmonary tuberculosis and a poor prognosis in a very cynical manner. Chopin wrote: 'One (doctor) said I had died the second that I am dying, the 3rd that I shall die'. Chopin perceived the diagnosis of tuberculosis as a 'death sentence', as a result of which he developed iatrogenic depression. All previous and subsequent Chopin's doctors used other tactics: they prescribed the correct treatment, but the diagnosis was not voiced. The analysis shows the effectiveness of this tactic: Chopin lived another 10 years after the Majorcan episode. Chopin's case shows typical doctors' ethical and psychological issues in informing the patient about the dangerous diagnosis and poor prognosis as well as tactics for building a good physician-patient relationship.

Key words: iatrogenic depression, Frederic Chopin's medical history, medical ethics.

The concept of iatrogenic disease («iatrogenic illness») has existed since ancient Greece; it means any pathology caused by the professional activity of a doctor. The fundamental meaning of the term is still relevant today, although at different stages of the development of medical science and health care, the emphasis was on different aspects of medical activity: complications from medical manipulations and surgical interventions; psychological and psychosomatic disorders due to ethical errors; side effects from medications. American scientists Virginia Ashby Sharpe and Alan Faden in their monograph «Medical harm: Historical, conceptual and ethical dimensions of iatrogenic illness» analyzed the evolution of ideas about iatrogenic diseases. They found that *in the holistic interpretation of illness (and health) dominant*

throughout the nineteenth century and central to the early history of psychiatry, communication between doctor and patient was conceived as one among the many factors that could alter the patient's experience of well-being [34, p. 61]. The AMA's (American Medical Association) 1847 Code highlights the potential risks of this verbal exchange in its observation that *the life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty... to avoid all things which have a tendency to discourage the patient and to depress his spirits* [1, p. 6]. In XIX century an iatrogenic disease was one having a primarily psychological manifestation brought on by a physician's diagnosis. To be sure, the remarks of the physician were implicated in this definition, but the suggestibility of the patient was also regarded as a factor in the development of the illness. Famous

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Swiss psychiatrist Paul Eugen Bleuler (1857 — 1939) gives the following description of a case of iatrogenic depression: *the physician solemnly diagnoses «enlargement of the heart», whereupon the patient is frightened and breaks down until the X-ray photograph resorted to by another physician relieves him of his nightmare* [3, p. 502]. Famous American physician, teacher and humanitarian, professor of medicine at the Harvard Medical School Francis Weld Peabody (1881—1927) was of the same opinion, in his book *The care of the patient* he wrote: *You will find that physicians, by ill-considered statements, are responsible for many a wrecked life, and you will discover that it is much easier to make a diagnosis than it is to unmake it* [27, p. 44],

Today, the term «iatrogenic illness» is usually associated with the side effects of medications or complications of diagnostic or therapeutic procedures. A modern physician, talking about iatrogenic depression, usually means drug-induced (medication-induced) depression [34, p. 62]. Nevertheless, the depression caused by the careless statements of doctors were, are and will always be. Their number can be reduced only by improving the training of future doctors in matters of medical ethics and psychology. Peabody Francis emphasized the importance of the influence of the patient's emotional state on the clinical manifestations of the disease. He wrote: *Disease in man is never exactly the same as disease in an experimental animal, for in man the disease at once affects and is affected by what we call the emotional life. Thus, the physician who attempts to take care of a patient while he neglects this factor is as unscientific as the investigator who neglects to control all the conditions that may affect his experiment* [27, p. 48]. *The whole problem of diagnosis and treatment depends on your (physician's) insight into the patient's character and personal life, and in every case of organic disease there are complex interactions between the pathologic processes and the intellectual processes which you must appreciate and consider if you would be a wise clinician* [27, p. 48].

The history of medicine knows many examples when a patient's life was shortened not only by the acts, but also by the words or the manner of a physician. The analysis of each of these cases can be successfully used in teaching psychology and ethics to future doctors, because (by Peabody's words) *these cases illustrate so clearly the vital importance of the personal relationship between physician and patient in the practice of medicine* [27, p. 47].

The aim of the study is to analyse the effectiveness of different ways of informing about poor prognosis to a patient on the example of a clinical case of the famous Polish composer Frederic Chopin (1810—1849). The medical biography of Frederic Chopin contains one of the episodes mentioned above, when the ill-considered statements of doctors led to the development of depression, which aggravated the course of the

underlying disease (pulmonary tuberculosis). Interest in this analysis is not so much the ethical error of doctors and the coping strategy of the patient, but the strategies of the patient's relatives and doctors, which made it possible to neutralize the consequences of a negative iatrogenic effect.

Frederic Chopin's personality is widely known, his music is very popular in our time, so the history of his illness always arouses keen interest among physicians and medical students. Even people far from music know Chopin's *Marche funèbre* (third movement of Piano Sonata No. 2 in B-flat minor, Op. 35) well. Chopin's medical history has been analyzed by many biographers. During his illness, Chopin turned to at least 20 doctors for help; each of them informed the patient about the diagnosis and prognosis in one way or another [19]. Almost all Chopin's doctors were famous and popular, so the information about them has survived to the present day. Chopin and George Sand (a famous French novelist, 1804—1876) described the impression of these meetings in their letters, so we can see things through the patients' eyes. Such an opportunity will help to understand the reasons of ethical and psychological mistakes of doctors leading to the development of iatrogenic depression in a patient.

Francis Peabody believe: *What is spoken of as a «clinical picture» is not just a photograph of a man sick in bed; it is an impressionistic painting of the patient surrounded by his home, his work, his relations, his friends, his joys, sorrows, hopes, and fears* [27, p. 15]. Francis Peabody writes: *Everybody, sick or well, is affected in one way or another, consciously or subconsciously, by the material and spiritual forces that bear on his life, and especially to the sick such forces may act as powerful stimulants or depressants. The general practitioner ... may know the whole background of the family life from past experience; but even when he comes as a stranger he has every opportunity to find out what manner of man his patient is, and what kind of circumstances make his life. He gets a hint of financial anxiety or of domestic incompatibility; he may find himself confronted by a querulous, exacting, self-centered patient or by a gentle invalid overawed by a dominating family; and as he appreciates how these circumstances are reacting on the patient he dispenses sympathy, encouragement, or discipline* [27, p. 15].

A tool for achieving the goal was a comparative analysis of objective information about Chopin's doctors and subjective perception of these doctors by the patient. Research materials were the letters of Chopin and Sand, as well as the works of the composer's biographers. This approach allows us to objectively restore the history of life and disease, look at the actions of doctors through the eyes of a patient, and study all aspects of the *complex interactions between the pathologic processes and the intellectual processes* in order to assess the

nature of the influence of Chopin's environment on the course of his disease.

Physicians' words and manner which can shorten the life of a sick person. *The three most celebrated doctors on the island have seen me: One sniffed at what I spat up, the second tapped where I spat it from, the third poked about and listened how I spat it. One said I had died, the second that I am dying, the 3rd that I shall die* [6, p. 186]. This is how Frederic Chopin described his impressions of a conversation with Majorcan doctors in a letter to his intimate friend Juljan Fontana (a Polish pianist, composer, lawyer and author, 1810—1869). To declare to a still living patient that he «has already died» is the height of cynicism. Without a doubt, such words of three reputable doctors words can discourage the patient and to depress his spirits. Such rash statements do not stand up to criticism from the standpoint of medical ethics (both our era and contemporary Chopin). However, based on the purpose of this study, the consequences of such an ethical error for the patient's health are of greatest interest. For an objective assessment of the consequences, it is necessary to have a holistic view of the life and health of Frederic Chopin and *his home, his work, his relations, his friends, his joys, sorrows, hopes, and fears.*

The story of the life and disease of Frederic Chopin before the Majorcan episode. Although the causes of Frederic Chopin's death are still debated, most of his medical biographers are inclined towards the diagnosis of pulmonary tuberculosis [38]. Chopin had been ill for many years from adolescence; he had already survived several severe exacerbations of chronic pulmonary disease. Chopin's first serious deterioration in health was in Vienna in 1930 (at the age of 20). The Hungarian composer Stephen Heller (1813—1888) recalled that Chopin was *then in delicate health, thin and with sunken cheeks, and that the people of Warsaw said that he could not live long, but would, like so many geniuses, die young* [24, p. 64]. The 21-year-old Chopin had his first episode of hemoptysis in Paris in 1831. Chopin caught a cold in November 1835. He had a high fever and coughed up blood; the doctors feared that the consequences would be grave indeed. The news of Chopin's illness soon spread in Paris and reached Warsaw in the form of a rumor that Chopin had died [37, p. 212]. Early February, in 1837 an epidemic of influenza broke out in Paris. Chopin also fell ill with his hemoptysis resumed, and it did not stop for a long time. Being exhausted and listless, he was confined to his bed for several weeks [25, p. 18; 37, p. 227]. Chopin could not recover from the illness for a long time; he lost a lot of weight and coughed constantly. George Sand wrote about this in a book *Story of My Life. The Autobiography of George Sand: His friends ... thought he was consumptive* [33, p. 1089]. However, the diagnosis of pulmonary tuberculosis was voiced by doctors to Chopin only once, in the winter

of 1838—1839. It is known, that his younger sister Emily died of tuberculosis at the age of 14 after three years of illness. On March 14, 1827, Frederic Chopin wrote to his close friend Jan Bialoblocki: *We have illness in the house. Emily has been in bed for 4 weeks; she has got a cough and has begun to spit blood and Mamma is frightened. Malcz [doctor] ordered blood-letting. They bled her once, twice; leeches without end, vesicators, setons, wolfsbane; all sorts of nonsense! — All this time she has been eating nothing; she has grown so thin that you wouldn't know her, and is only now beginning to come to herself a little — You can imagine what it has been like in the house. You'll have to imagine it, because I can't describe it for you!* [12, p. 12]. «All sorts of nonsense» indicates that Chopin did not trust «bloodletting, setons and vesicators» 10 years before the Majorcan episode. Shortly after his sister's death, Bialobocki died himself, he was also treated with «bloodletting, setons and vesicators». The death of loved ones forever instilled fear of tuberculosis in Chopin's heart. Chopin had repeatedly seen the doctors' helplessness in the treatment of tuberculosis in the next 10 years. Retrospective analysis of Chopin's case showed that all his relatives and friends, as well as all his doctors knew about his phthisiophobia and made every effort to withhold the terrible truth from him.

Frederic Chopin's personal life before the Majorcan episode (as, indeed, after) was not happy. In 1837, he suffered a painful separation from his fiancée Marie Wodzinska. Chopin bundled all her letters together and placed them in a large envelope, which he tied with ribbon and marked «Moja bieda» (pol. — My misery, my sorrow, my misfortune) [37, p. 237]. Sometime after the break, Chopin became close to George Sand. Frederic Chopin carefully concealed this love affair from his conservative family, as he knew that his parents (whom he loved dearly) would not approve of his choice. Georges Sand was 7 years older, had two children, and was widely known for her militant feminism, extramarital affairs and outrageous behavior (smoking cigars, wearing a man's suit). The departure to Majorca was carried out hastily and in deep secrecy: Chopin informed only two of his closest friends, Frederic Chopin and Georges Sand and their children traveled separately to Perpignan (a city 30 km from the French-Spanish border). Such precautions were taken in order to avoid persecution by George Sand's former lover Félicien Mallefille (1813—1868), who did not accept his resignation and showed dangerous aggression [12, p. 155, p. 162].

Frederic Chopin's professional career in Paris was going well. Chopin was a virtuoso pianist, but his physical condition did not allow him to perform in concerts. The Parisian period of Chopin's creativity was quite fruitful, publications of his works sold well, but this income was not constant. The main source of income was teaching practice: Chopin became popular in the salons of Paris, the French and Polish nobility

generously paid for his lessons [24, p. 276]. However, Chopin's financial position was not strong. Chopin was forced to borrow the entire amount for the trip to Majorca. He planned to prepare for publication the Preludes, for which he took an advance of 500 francs from Camille Pleyel (1788—1855, publisher and owner of the Parisian piano company Pleyel et Cie). Another 1000 francs Chopin borrowed from the Parisian banker August Leo (1793—1859) [25, p. 20].

The Majorcan episode of Frederic Chopin's case demonstrates the importance of ethical and psychological mistakes of doctors in the development of iatrogenic depression in a patient. Chronic lung disease, which Chopin suffered since adolescence, deteriorated in the fall of 1838 during his rest with George Sand (George Sand — pen name, real name — Amandine Aurora Lucile Dupin, a famous French novelist, 1804—1876) in Majorca. The Majorcan doctors unmistakably diagnosed Chopin's pulmonary tuberculosis, but they had no opportunity to hide the truth from the patient. The southern medical school, which included Spain and Italy, believed, rightly as it happened, in the contagiousness of tuberculosis. The northern medical school, which governed French and English medicine at the time, did not believe in the theory of contagion. In 1751 King of Spain Fernando VI (1713—1759), called the Learned (el Prudente) and the Just (el Justo) proclaimed the obligatory declaration of phthisis. The following are the terms of the famous ordinance: *Experience having shown that the use of clothing and furniture formerly held by persons attacked with consumption and all other contagious maladies, enjoins all physicians to declare the names of persons dying of such affections. Every physician shall notify the magistrate of his district of the sick and dead from consumption and contagious disease, or shall incur for the first violation of this law a fine of two hundred ducats; for a second offense a fine of four hundred ducats, and a penalty of exile for four years. All other persons (nurses, servants or other assistants) who do not likewise make an official declaration in such matter shall suffer thirty days' imprisonment for the first offense and four years in jail for the second* [35, p. 23]. Of course, the Majorcan doctors did not want to pay a fine of two hundred ducats and hurried to notify the magistrate of their district of the sick from consumption.

An integral part of any physician's routine work is to inform the patient about his diagnosis. This work is connected with great psychological and ethical difficulties, especially when disease suggests unfavorable prognosis. A doctor is faced with a choice between two ways: to tell the truth (i.e. inform patient about his approaching of death) or withhold a poor prognosis (i.e. give hope of recovery). Debates on this topic began from the dawn of the medical ethics and have not lost their actuality to the present day. An English writer and moralist Samuel Johnson (1709—1784) was an adherent of the first way: «You

have no business with consequences, you are to tell the truth. Besides, you are not sure what effect your telling a man that he is in danger may have. It may bring his disorder to a crisis, and that may cure him. Of all lying I have the greatest abhorrence of this, because I believe it has been frequently practiced on myself» [21, p. 283]. Famous Scottish clinician, writer and moralist John Gregory (1724—1773) supported of the second way: «A physician is often at a loss in speaking to his patients of their real situation when it is dangerous. It often happens that that a person is extremely ill: but yet may recover, if he is not informed of his danger» [11, p. 34].

Chopin perceived the diagnosis of tuberculosis as a *death sentence*. One (doctor) said I had died, the second that I am dying, the 3rd that I shall die. And today I'm the same as ever; only I can't forgive Jasio for not giving me a consultation when I had an attack of bronchite aigue, which can always be expected in my case. I could scarcely keep them from bloodletting me, and they put no setons or vesicators' [6, p. 186]. Chopin perceived doctors' words tragically. The way of informing and the manner of Majorcan doctors were cynical and could serve as a vivid example of the fact that *the life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician*. Reading the original letter written by Chopin in Polish confirms this assumption. Chopin's native language helped him convey the prognosis of Majorcan doctors much expressive. *Jeden mówił, że zdechł, drugi — że zdycham, 3-ci — że zdechnę* [15, p. 100]. Ethel Lilian Voynich (1864—1960), a famous Irish writer and translator of Chopin's letters, made a remark: in Polish, the words *zdechł, zdycham, zdechnę* are used when it is necessary to say about the death of an animal, but not a person [6, p. 186]. Doctors made an extremely negative impression on George Sand that she reported in one of her letters: *We had succeeded in settling down at Majorca, a magnificent place, but inhospitable to the utmost degree. At the end of a month, poor Chopin, who had always been coughing from the time we left Paris, fell more seriously ill, so that we had to call in one, two, three doctors, each more stupid than the others, who went about the island saying that the patient was in the last stage of consumption. This caused great consternation, phthisis being extremely rare in those latitudes, and, moreover, considered contagious! The landlord of the little cottage that we had hired ejected us brutally, and wanted to bring an action against us in order to compel us to whitewash his house, which he pretended was infected. Had he succeeded, the native jurisprudence would have completely skinned us!* [32, p. 288]. Obviously, doctors were *each more stupid than the others* because they went about the island saying that the patient was in the last stage of consumption as well as *phthisis being ... in those latitudes considered contagious*. George Sand's letters were published in French in 1882 [31] and in

English in 1886 [32] Sand G. 1886). The episode aroused interest among phthisiatrists worldwide, and Chopin's history of disease illustrated by George Sand's quotations was published in dozens of English, French and American medical journals including the London *The Lancet* [5], Cincinnati's *The Cincinnati Lancet-Clinic* [35], Indianapolis's *Indiana Medical Journal*, New York's *The Journal of the American Medical Association*, Parisian *Etudes d'hygiène publique*, *Chronique médicale* and many others. The notoriety of Majorcan doctors (*three doctors — each more stupid than the other*) spread throughout Europe and the USA. The Majorcan episode from Chopin's medical biography (with the same quotations) is presented in many monographs on the history of phthisiatry [8, p. 61; 14, p. 47; 23, p. 57; 39, p. 18].

Majorcan doctors look nameless, heartless, cynical, arrogant and illiterate in Frederic Chopin's and George Sand's letters. Was that really true? Thanks to a Majorcan journalist and writer Luis Ripoll Arbos (1913—2000) we know the names of the doctors who treated Chopin during his illness in Majorca. He studied the archives of Palma de Majorca and identified that they were doctor Pedro Jose Arabi Pons (1783—1860), doctor Miguel Oleo Estade (1804—1853) and doctor Fiol. Luis Ripoll described his research in the book *The Majorcan episode of Chopin and George Sand, 1838—1839* [29, p. 35]. The famous Spanish writer and researcher of the Balearic Islands Joaquin Maria Bover de Rosello (1810—1865) published a book called *Varones ilustres de Mallorca (Famous Men of Majorca, from Spanish)* in 1847, which contains the brief Majorcan doctors' biography, including Pedro Jose Arabi and Miguel Oleo, and confirms Luis Ripoll's findings [4, p. 94, p. 99]. Professor Francesc Bujosa Homar (1947—2020), the president of the Spanish Society for the History of Medicine also confirms this information [13, p. 56] Homar F. B. 2008, p. 56). Doctors Pedro Jose Arabi Pons and Miguel Oleo Estade were highly educated members of the Majorcan medical elite. Miguel Oleo Estade studied in France (the University of Montpellier and Sorbonne University). Pedro Jose Arabi graduated from The University of Valencia. So far, no one has been able to establish the identity of the third doctor Dr. Fiol yet.

Chopin's letter shows that doctors Arabi, Oleo and Fiol used very modern (for 1839) diagnostic techniques of palpation, percussion and auscultation. Methods of physical examination, especially of thorax and lungs, were developed and became widespread in 1920—1930s. Chopin's modern medical biographer Professor Axel Karenberg wrote about it: *Percussion and auscultation produced objective and reproducible data which transformed the terra incognita of the interior of the human body into interpretable data* [16, p. 89]. Physicians diagnosed pulmonary tuberculosis, a fatal and incurable disease at the time. As far as we know, Majorcan doctors

made the correct diagnosis. Professor Jean Baptiste Cruveilhier (the last of Chopin's doctors), performed an autopsy of the composer's body in 1849. The full report of the autopsy was lost, but the death certificate written by Cruveilhier remained. The certificate indicated the cause of death as *tuberculosis of the lungs and larynx* [17]. Thus, Majorcan physicians Arabi, Oleo and Fiol really were the *Three most famous doctors of the island* who were highly educated and qualified. Miguel Oleo was fluent in French, so there can be no translation error.

The Majorcan doctors recommended the most advanced treatments of the time that characterize them in the best way. *Bloodletting, setons and vesicators*: so called «counter-irritants» — routine physiotherapeutic remedies of the XIX century. A seton was a cord or number of threads laid together, and drawn through the skin by the help of a needle of a proper shape. An eminent Irish surgeon and physician Robert James Graves (1796—1853) looked on setons as *one of the most important means in the prevention, if not in the treatment of phthisis* [10, p. 256]. Setons were advised for phthisis from the earliest periods of medical history. Vesicators or blisters were remedies with irritant or blistering effect. The main active ingredient of such plasters was cantharidic acid in the form of an alcoholic extract, the so-called *the Spanish fly* (*Lytta vesicatori*). The Spanish fly is an emerald-green beetle in the blister beetle family, but not a fly [30, p. 167]. In his «Treatise on Tubercular Phthisis, or Pulmonary Consumption» 1834 [7], James Clark (1788—1870) a famous British physician, Physician-in-Ordinary to Queen Victoria, believed that local remedies like the application of leeches, dry-cupping, counter-irritation, the employment of setons, and the inhalation of medicated vapors are all useful in different cases. Nevertheless, the practice of relying on any local remedy as a principal means of curing a disease, which originates in and depends upon a morbid condition of the whole system, is decidedly condemned by Dr. Clark [7, p. 81—82, p. 88]. Dr. Clark held the view that tuberculosis was not an infection at all, but a predisposition, harmless for those in contact with the patient. The infectious nature of tuberculosis was discovered by the German microbiologist Heinrich Hermann Robert Koch (1843—1910) only in 1882. James Clark and his followers (English and French physicians) prescribed rest, sunshine, a dry climate, and fresh air, milk diet and bloodletting for their patients [7, p. 73—74]. The royal doctor was destined to consult Fryderyc Chopin in London in 1848 [6, p. 400]. Louis Pasteur (1822—1895) and Robert Koch (1843—1910) proved conclusively that inflammation resulted from infection and, thus, was not susceptible to bloodletting; however, the method was widely used until the beginning of the twentieth century [26]. However, the opinion of «bloodletting, setons and vesicators» between Chopin and the Majorcan doctors was very different. Professor Thomas M. Daniel, an author

of book *Captain of Death: The Story of Tuberculosis*, also believes that *Chopin's reluctance to accept bloodletting and blistering from his physicians may have resulted from his memories of his sister's illness and demise and the treatment she received* [8, p. 61].

Despite the fever and severe cough in the first two weeks of illness, Chopin remained in high spirits and even worked enthusiastically on the Preludes. Probably, the exacerbation of chronic pulmonary tuberculosis was accompanied by the signs of pathological euphoria (*spes phthisica*). George Sand wrote in one of her letters: *In Majorca, while he was mortally ill, he composed music that was full of the perfume of paradise. But I have come to think that in his case being alive or being dead does not matter. He does not quite know himself in which planet he exists* [12, p. 177]. Before the council of Majorcan doctors, Chopin insisted that he *had an attack of bronchite aigue, which can always be expected in my case* [6, p. 186]. However, as soon as the diagnosis of tuberculosis was given by Majorcan doctors, Chopin developed iatrogenic depression. An iatrogenic disease was one having a primarily psychological manifestation brought on by a physician's diagnosis. To be sure, the remarks of the physician were implicated in this definition, but the suggestibility of the patient was also regarded as a factor in the development of the illness [34, p. 61]. Chopin chose a denial of a fatal diagnosis as the coping strategy, but, in reality, he was completely demoralized. George Sand wrote: *The great artist was a detestable patient. What I had feared — but not sufficiently, unfortunately — happened. He allowed himself to become completely demoralized. He could endure suffering with courage enough, but he could not conquer the anxieties of his imagination* [33, p. 1091]. It seems that Majorcan doctors were very persuasive: Chopin believed in their prognosis. Thoughts of near death continued to torment Chopin even in the spring of 1839; he was obviously preparing for a possible death; March 7, 1839 Chopin wrote to Fontana: *I told you that in the bureau, in the first drawer from the door, there is a roll, which either you, or Grzimala or Jas might open — now I beg you to take it out and burn it unread. Do this, I beg you, for our friendship; that paper is no longer needed* [6, p. 192]. Chopin underlined the word *unread*.

A famous Swiss-American psychiatrist, a pioneer in near-death studies Elisabeth Kübler-Ross (1926—2004) in her book «On Death and Dying» wrote: *No patient should be told that he is dying. I do not encourage people to force patients to face their own death when they are not ready for it. Patients should be told that they are seriously ill. When they are ready to bring up the issue of death and dying, we should answer them, we should listen to them, and we should hear the questions, but you do not go around telling patients they are dying and depriving them of a glimpse of hope that they may need in order to live until they die* [18, p. 16]. Obviously, Chopin

was not ready for conversation about his dangerous diagnosis and death. All previous and subsequent Chopin's doctors (not restricted by law, unlike Spanish doctors) used other tactic: they prescribed the correct treatment, but the diagnosis was not voiced. This tactic has practical interest.

Chopin was under the supervision of a physician Jan Edward Aleksander Matuszynski (1808—1842) for several years prior to the Majorcan episode. Jan Matuszynski, whom Chopin called Jasio, is one of Chopin's closest friends since the training in Warsaw Lyceum. Jan Matuszynski had done his medical training in Warsaw and obtained doctorate in Tübingen. Matuszynski came to Paris in May 1834; he established himself as a physician soon and later became a professor at the Ecole de Medecine. Matuszynski maintained a close friendship with Chopin until his death in 1842 and he was his *chief doctor* (according to Chopin himself). In a letter to French composer Auguste Franck (1808—1884) Chopin reported: *I have been spitting blood for an hour and Matuszynski has given me some medication which has replaced my dinner* [2, p. 85]. In June 1835, Chopin took the baths at the popular Spa Resort Enghien (Belgian province of Hainaut) as prescribed by Matuszynski [37, p. 199]. Matuszynski treated Chopin from *bronchite aigue* (acute bronchitis, from French) for several years, *an attack of which can always be expected in Chopin's case*. Matuszynski never frightened Chopin with a diagnosis of phthisis, he did not prescribe *bloodletting, setons and vesicators* for him and other methods of treatment that Chopin called *all sorts of nonsense*.

George Sand knew about Chopin's phthisiophobia since they first met. Sand insisted on Chopin consulting with her *usual doctor and great friend Gaubert* (Pierre Marcel Gaubert, 1796—1839) before their rest in Majorca in 1838. Chopin was weak and tired while convalescing from an illness, hemoptysis stopped, though the cough was still severe. George Sand explained: *His friends had long urged him to spend some time in the south of Europe. They thought he was consumptive. The others, well aware that Chopin would never make up his mind to leave society and the Parisian scene unless someone beloved and devoted dragged him away, pressured me not to reject this desire of his, so apropos and completely unhelped for*. Sand then reported: *Gaubert examined him and swore that he was not (consumptive): You will in fact save him if you give him fresh air, exercise, and rest* [33, p. 1089]. The German physician Franz Hermann Franken, an author of book *Diseases of Famous Composers: Twenty-two Pathographies from Bach to Bartok*, summarized that, on the one hand, Dr. Gaubert's comments were confusing, as he convinced Sand that Chopin was not suffering from tuberculosis, while, on the other hand, still pushed for his departure for the south. Franz Franken wrote: *The suggestion of a move to the south for the betterment of respiratory ailments such as pulmonary*

tuberculosis was quite common, and it seems almost contradictory that he suggests a cure for a disease or ailment that Chopin supposedly did not have. One might venture to guess that perhaps Dr. Gaubert was trying to hide the fatal truth from Chopin and Sand while still guiding them according to the proper 19th-century treatment plan [9, p. 176]. Looks like Dr. Gaubert made a wise decision: he did not inform Chopin of the terrible diagnosis, but cared that the patient was not left without treatment. George Sand thought that tuberculosis diagnosis would kill susceptible Chopin before tuberculosis would do itself. Her fears were not in vain: the Majorcan episode proved it.

Well-known Scottish physician Wilfrid Treasure (1966—2014) published a series of 12 short monthly articles with notes about harming and healing in general practice under the heading *First do no harm* (2012) in the British Journal of General Practice. Doctor Treasure wrote: *Skill in diagnosis and prognosis comes only with careful and continued schooling in observation; therapeutic achievement is seldom outstanding unless it be based upon accuracy in diagnosis, judgment in prognosis, and psychological insight, for all of which a proper understanding of the natural history of disease in man and of man in disease is a necessary equipment. He reckoned that whatever the situation, a positive approach by doctor and patient is beneficial and in all this complexity, a physician has to give the patient the single positive diagnosis that offers him in the circumstances the best outcome* [36].

The American cardiologist and teacher Bernard Lown in his book *The lost art of healing* talks about his teacher Samuel Albert Levine (1891—1966): *while he was an exceptional diagnostician, his skills in managing the very sick were even more prodigious. Samuel Levine brought a buoyant spirit and incorrigible optimism to bedside, yet he always planted it in a solid foundation of realistic appraisal. Levine stressed the importance of constructive worry on behalf of the patient. Doctor Levine does not advocate always telling the patient the «unvarnished truth». When a physician offers a grave prognosis or, worse still, when he indicates that the patient going to die — and miscalculates — the entire medical profession suffer greatly. It is generally best to leave the door a little ajar, even under the darkest circumstances* [20, p. 79—80]. One cardiac patient with subacute bacterial endocarditis, a potentially lethally infection on a damaged heart valve, recalled 30 years later: *Levine told me: You are seriously ill, but you need not worry. I know what is wrong with you. I know how to treat you. I know how make you well. You will recover completely. Despite the fact that I was very sick, I did not worry, and I am still around* [20, p. 80]. Bernard Lown and Samuel Levine emphasize the well-known but often unheeded importance of actively listening to the patient, which leads to an understanding also the person behind the symptoms.

It seems that Dr. Levine also believed that whatever the situation, a positive approach by doctor and patient is beneficial and tried to give the patient the single positive diagnosis that offers him in the circumstances the best outcome. Obviously, doctors Matuszynski and Gaubert were guided by the same principles in their work as Wilfrid Treasure and Samuel Levine. Further analysis of Chopin's medical biography showed that all following Chopin's physicians also gave the patient the single positive diagnosis that offers him in the circumstances the best outcome. Here are some examples.

Episode No 1. French navy surgeon Jacques-Hubert Costa. Sand wrote to her friend Carlotta Marliani about the *catastrophic voyage* from Barcelona on February 15, 1839: *We were obliged to travel three leagues along outlandish paths in a birlocho, that is to say a wheelbarrow! Upon reaching Palma, Chopin had a dreadful fit a blood-spitting; the next day we embarked on board the only steam-boat in the island, and which is used for the transport of pigs to Barcelona. That was our only means of leaving the accursed country. We travelled in company of hundreds pigs, whose ceaseless grunting and unbearable stench left neither rest nor respirable air for our patient. Chopin arrived at Barcelona still spitting blood by basins-full, and crawling along like ghost* [32, p. 291]. There Chopin's misfortunes began to diminish. Chopin and Sand were taken on board of the French brig-of-war *Méléagre*, where Chopin was treated by the ship's surgeon at once. *A brave and worthy man managed to stop the hemorrhage of the lung in twenty-four hours, and according to Sand reanimated him. The ship's doctor examined Chopin thoroughly and diagnosed no disease and no perceptible damage to the lungs, merely stressing that Chopin had a delicate chest which should never be put under undue strain. However, there is no reason for despair: rest and proper care will restore his health* [32, p. 291]. Navy surgeon Jacques-Hubert Costa did not tell the exhausted and coughing up blood patient about a possible death, he gave the patient the single positive diagnosis that offers him the best outcome: delicate chest, there is no reason for despair, rest and proper care will restore health.

Episode No 2. Doctor Andre Francois Cauviere (1780—1858). He took charge of Chopin in Marseille a week after returning from Majorca. Sand characterized Francois Cauviere as an *excellent man and excellent doctor, who tends him (Chopin) like a father, and pledges himself for his recovery* [32, p. 292]. Chopin lost weight and was weak, coughing constantly and spitting up blood. Cauviere found Chopin's state at first *seriously endangered, but, however, became very hopeful seeing him get rapidly back on his feet. He predicted that Chopin would live a long time, if he received extensive care, and he was prodigal with his own* [33, p. 1094]. George Sand described Dr. Francois Cauviere in detail, which deserves attention

because it gives us a vivid idea how patients want to see a doctor: *This worthy and amiable man, one of the leading physicians in France, the most charming, reliable, and devoted of friends, was providence for the fortunate and unfortunate in Marseille. A man of conviction and progress, he conserved to a very advanced age his beauty of face and soul. His physiognomy, simultaneously mild and lively, always lighted by a tender smile and brilliant glance, commanded respect and friendship equally. He was like a father to us. He bestirred himself unceasingly to make our stay pleasant. He took care of Chopin. He filled our hours, if not with repose, at least with hope, confidence and intellectual well-being* [33, p. 1094]. Why was doctor Cauviere so highly regarded by Sand? François Cauviere gave Chopin a single positive diagnosis that offers him in the circumstances the best outcome. Chopin's state was really seriously endangered but Cauviere left the door a little ajar, even under the darkest circumstances. Like navy surgeon Jacques-Hubert Costa, he kept silent about phthisis and the patient's real prospects, but found words to cheer up downhearted Chopin. François Cauviere said exactly what every patient wants to hear: you would live a long time, if you received extensive care; he was like a father to us. Every patient would like to see his doctor like this.

Episode No 3. Doctor Gustave Papet (1812—1892). Sand wrote about him: *My friend Papet, who is an excellent physician and who, because of his fortune, practices medicine gratis for his friends and the poor* [33, p. 1095]. Gustave Papet was reputable physician; among his patients were the French writer Honore de Balzac (1799—1850) and the French painter Eugene Delacroix (1798—1863). Gustave Papet examined Chopin thoroughly in George Sand's house at Nohant in June 1839. Doctor Papet *could not find any lingering symptom of a pulmonary infection, but only a chronic minor condition of the larynx, which he did not hope to cure, but in which he saw no grounds for serious alarm* [33, p. 1095]. Chopin was still very weak and suffocated while walking. Doctor Papet reckoned that *steady diet, fresh air, and a regular, restful life could repair Chopin's constitution completely*. Chopin's dyspnea and cough intensified in May 1842. Gustave Papet made a full examination again and diagnosed that *the choking and the coughing resulted from the fact that both throat and larynx were awash with mucus* [40, p. 229—230]. Chopin's modern biographer Adam Zamoyski, an author of book *Chopin: a new biography*, wrote: *It seems extraordinarily that a competent doctor could have ascribed Chopin's steady decline to a mysterious quantity of mucus, but it was probably just as well that the existence of tuberculosis was consistently denied, for Chopin might have gone to pieces completely had he known that he had disease* [40, p. 229—230]. Doctor Papet also gave the patient the single positive diagnosis that offers him the best outcome: *both throat and*

larynx were awash with mucus, no grounds for serious alarm, steady diet, fresh air, and a regular, restful life could repair Chopin's constitution completely.

Episode No 4. Doctor Jean-Jacques Molin (1797—1848), the President of the Society for Homeopathic Medicine of France. Chopin fell ill again in November 1843 and this time a new doctor was called. Jean-Jacques Molin was an experienced and highly educated doctor; in 1820 he received his master's degree in medicine from the Faculty Strasbourg after an inaugural dissertation on intermittent fevers so he was well acquainted with the diagnosis and treatment of tuberculosis. *Whether Molin thought that his patient had tuberculosis or not is not known, but he prescribed the gentlest regime, designed mainly to ease his respiration* [40, p. 234]. After Dr. Molin's death (in 1848), Chopin had no confidence in any other physician. He wrote in January 1849: *Here we have March weather, and I have to lie down ten times a day. Molin knew the secret of how to liven me up. Since then I have seen M. Louis, Dr. Roth, during two months; and now M. Simon, a great reputation among the homeopaths; but they just sound me and give no relief. They all agree about climate, peaceful life, rest. Rest, — I shall get it one day without them* [6, p. 402]. The doctors listed in letter by Chopin: Pierre-Charles-Alexandre Louis (1787—1872), a physician specialized in pulmonology and phthisiatriy, an author of treatise *Recherches sur la phthisie pulmonaire* 1810 (*Pulmonary tuberculosis examination*, from French); Leon Simon (1798—1867), one the oldest and most eminent homeopathic physicians of Paris, the President of the Society for Homeopathic Medicine of France; Didier Roth (David Roth, 1808—1885), the reputable homeopathic physicians of Paris, an author of treatise *Homeopathic Clinic*. None of them told Chopin anything about phthisis.

Episode No 5. Jean-Baptiste Cruveilhier (1791—1874), Chopin's last doctor, Professor of Pathology at the Faculty of Medicine, University of Paris. Cruveilhier was a prominent physician, he had treated French Foreign Minister Charles Maurice de Talleyrand-Perigord (1754—1838) and the French writer and politician Francois-Rene, vicomte de Chateaubriand (1768—1848). Cruveilhier was the greatest authority on tuberculosis in France, an author of an excellent pathological atlas *Anatomie pathologique du corps humain* (*Pathological anatomy of the human body* from Latin) 1829. Professor Cruveilhier examined Chopin on June 21, 1849. He was in no doubt, for phthisis was entering in a terminal stage: Chopin had severe pulmonary hemorrhages, persistent diarrhea and swelling of the legs. From the drugs Cruveilhier prescribed, Chopin deduced that he had diagnosed tuberculosis. Chopin writes to his friend Wojciech Grzymala next day: *I am very weak, my Life. Yesterday I consulted Cruveille, who advises me to take almost nothing, and just keep still. He said that if homeopathy had done me good in Molins time, that was because it*

did not overload me with medicaments and left much to nature. But I see that he also regards me as consumptive, for he ordered a teaspoonful of something with lichen in it' [6, p. 412]. Cruveilhier could not give the dying Chopin the single positive diagnosis that offers him the best outcome, but he didn't say a word about phthisis and thereby he left the door a little ajar, even music critic Jules Janin (1804—1874) said in an obituary notice: *Chopin lived ten years, ten miraculous years, with a breath ready to fly away* [25, p. 308]. For these ten years, Chopin lived and created music thanks to such doctors as Jan Matuszynski, Pierre-Marcel Gaubert, Jacques-Hubert Costa, Francois Cauviere, Gustave Papet, Jean-Jacques Molin, Jean-Baptiste Cruveilhier and others. These doctors gave Chopin the single positive diagnosis that offers him in the circumstances the best outcome under the darkest circumstances.

Francis Peabody wrote: *The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy, and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine* [27, p. 48]. The Majorcan doctors Pedro Jose Arabi, Miguel Oleo Estade and Fiol proved to be good diagnosticians. Тем не менше, их нельзя назвать good physicians. They were forced to inform Chopin about a dangerous diagnosis and unfavorable prognosis. In this way, the Majorcan doctors took the necessary measures to prevent the disease from spreading among the inhabitants of Majorca (in accordance with the Spanish anti-epidemic doctrine). However, the Majorcan doctors ignore Chopin's phthisiophobia and many

other important the material and spiritual forces that (according Francis Peabody) bear on his life, and such forces may act as powerful stimulants or depressants. In addition, doctors told the patient about the prognosis in an extremely cynical form (One said I had died, the second that I am dying, the 3rd that I shall die). By Peabody's words: The Majorcan physicians didn't show the sympathy and understanding towards their patient, they didn't show knows Chopin through and through. As a result, their actions led to the development of iatrogenic depression in Chopin, aggravated the course of the underlying disease. Chopin's doctors Jan Matuszynski, Pierre Marcel Gaubert, Jacques-Hubert Costa, Francois Cauviere, Gustave Papet, Jean-Jacques Molin, Jean-Baptiste Cruveilhier demonstrates another way that enables the patient to maintain the hope of recovery. They hid the terrible diagnosis from Chopin, acting in the patient's interest. Such tactics can be debated from the standpoint of ethics. However, the analysis shows the effectiveness of this tactic: Chopin lived another 10 years after the Majorcan episode. By Kübler-Ross' words: *Chopin's physicians didn't tell patient he is dying, they didn't deprive a glimpse of hope that he need in order to live until they die*. This tactic demonstrates the practical implementation of the most important principle of medical ethics, formulated by Thomas Percival, the author of the first Code of medical ethics: *the physician should be the minister of hope and comfort to the sick* [28, p. 156]. The Chopin's case is a vivid example of two opposing medical tactics, one of which leads to the development of depression in the patient, and the other demonstrates ways to avoid such a mistake.

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Ятрогенна депресія: випадок Фредеріка Шопена

Психологічні розлади, спричинені необдуманими словами лікаря, трапляються не рідше, ніж побічні ефекти лікарських препаратів. Ятрогенні депресії як наслідок етичних і психологічних помилок лікарів були, є і будуть завжди. Зменшити їх частоту можна лише шляхом вдосконалення підготовки лікарів у галузі медичної етики та психології. Аналіз клінічного випадку, який ґрунтується на історії хвороби відомої людини, є ефективним педагогічним інструментом у даних дисциплінах. Мета дослідження — проаналізувати клінічний випадок відомого польського композитора Фредеріка Шопена. Порівняльний аналіз об'єктивних дій лікарів та суб'єктивних оцінок їх дій пацієнтом проведено на підставі листів Фредеріка Шопена і Жорж Санд, а також праць найавторитетніших біографів композитора. Такий підхід дає змогу побачити лікарів очима пацієнта. Восени 1838 року у Шопена під час його відпочинку разом із Жорж Санд на Майорці місцеві лікарі діагностували туберкульоз легень. Під час консилиуму лікарі припустилися серйозної етичної помилки. Вони проігнорували фтизіофобію пацієнта і повідомили йому про діагноз і несприятливий прогноз у досить цинічній манері. Шопен писав: «Один (лікар) сказав, що я вже помер, другий — що я помираю, третій — що я помру». Шопен сприйняв діагноз туберкульозу як «смертний вирок», в результаті чого у нього розвинулась ятрогенна депресія. Всі попередні та подальші лікарі Шопена використовували мудрішу тактику: вони призначали відповідне туберкульозу легень лікування, однак діагноз при цьому не озвучували. Аналіз історії хвороби Шопена показав ефективність цієї тактики: незважаючи на неухильно прогресуючий перебіг захворювання, Шопен прожив ще 10 років після майорського епізоду. Випадок Шопена демонструє типові етичні та психологічні проблеми лікарів при інформуванні пацієнта про небезпечний діагноз з несприятливим прогнозом, а також тактику створення доброзичливих стосунків між лікарем і пацієнтом.

Ключові слова: ятрогенна депресія, історія хвороби Фредеріка Шопена, медична етика.

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Ятрогенная депрессия: случай Фредерика Шопена

Психологические расстройства, вызванные необдуманными словами врача, встречаются не реже, чем побочные эффекты лекарственных препаратов. Ятрогенные депрессии, вызванные этическими и психологическими ошибками врачей, были, есть и будут всегда. Уменьшить их частоту можно лишь путем совершенствования подготовки врачей в области медицинской этики и психологии. Анализ клинического случая, основанный на истории болезни известного человека, является эффективным педагогическим инструментом в данных дисциплинах. Цель настоящего исследования — проанализировать клинический случай известного польского композитора Фредерика Шопена. Сравнительный анализ объективных действий врачей и субъективных оценок их действий пациентом проведен на основе писем Фредерика Шопена и Жорж Санд, а также работ наиболее авторитетных биографов композитора. Такой подход позволяет увидеть врачей глазами пациента. Осенью 1838 года у Шопена во время его отдыха с Жорж Санд на Майорке местные врачи диагностировали туберкулез легких. Во время консилиума врачи допустили серьезную этическую ошибку. Они проигнорировали фтизиофобию пациента и сообщили Шопену о диагнозе и неблагоприятном прогнозе в весьма циничной манере. Шопен писал: «Один (врач) сказал, что я уже умер, второй — что я умираю, третий — что я умру». Шопен воспринял диагноз туберкулеза как «смертный приговор», в результате чего у него развилась ятрогенная депрессия. Все предыдущие и последующие врачи Шопена использовали более мудрую тактику: они предписывали соответствующее диагнозу туберкулеза легких лечение, однако сам диагноз при этом не озвучивали. Анализ истории болезни Шопена показал эффективность этой тактики: несмотря на неуклонно прогрессирующее течение заболевания, Шопен прожил еще 10 лет после майоркского эпизода. Случай Шопена демонстрирует типичные этические и психологические проблемы врачей при информировании пациента об опасном диагнозе с неблагоприятным прогнозом, а также тактику создания доброжелательных отношений между врачом и пациентом.

Ключевые слова: ятрогенная депрессия, история болезни Фредерика Шопена, медицинская этика.

ДЛЯ ЦИТУВАННЯ

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